PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 // 6 5 0 5 3 7								
CLAIMS AS FILED - PART I (Column 1)(Column 2)				ENTITY .	OTHER THAN			
TOTAL CLAIMS	27		RATE	FEE.		PATE	FEE	
FOR	NUMBER FILED	NUMBER EXTRA	BASIC FE	375.00	OR	BASIC FEE	750.00	·
TOTAL CHARGEABLE CLAIMS	2 7 minus 20=	• 7	X\$ 9=		OR	X\$18=	4	
INDEPENDENT CLAIMS C minus 3 . 3		3.	X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT			+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2			TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY								
CLAUMS REMARKING	High	EST IBER PRESENT OUSLY EXTRA	PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AFTER AMENDMENT Total • 27 Independent • 6	Minus	27 - 1	X\$ 9=		OR	X\$18=		
	Miritis. " ***	6 -	X42=		OR	X84=		·
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					OR	+280=		
			TOTA ADDIT, FE		OR	YOYAL ADDIT, FEE		1
10-30-06 (Column 1)		mn 2) (Column 3)					•	
CLAMS REMARKING AFTER AMENOMENT	NEUN PREVI	HEST IBER PRESENT OUSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AFTER AMENOMENT Total • C	Mirrus -	07	X\$ 9=	<i>K</i> · ·	ÓR	X\$18=	/	
Independent •	Minus •••	6 -	X42=		OR	X84=	1	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					OR	+280=	1	
. ~		•	YOTA ADDIT, FE		OR	TOTAL ADDIT, FEE		1
3-26-0/(Cotumn 1)		mn 2) (Column 3).		•			3.5	l :: 'i
Q. CLAIMS REMAINING AFTER AMENDMENT	NA.PREVI	HEST IBER PRESENT OUSLY EXTRA	PATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total Informacion	Minus es	27 - 0	X\$ 9=	/	OR	X\$18=		
\$ 1.00 person	Mintes	6 0	X42=	17	ÓЯ	X84=		
PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				V	OR	+280=	/]
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Peid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE THIS TRIPLES Number Previously Peid For" IN THIS SPACE is less than 3, enter "3."					OR	ADDIT. FEE		1
The "lighest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.								
FORM PTO-815 (Rev. 1202) * ** ******************************								

Application or Docket Number